



FORM 490
1986

**CONSOLIDATED
CAMPAIGN STATEMENT**
(Government Code Sections 84200-84217)
- Type or Print in Ink

Statement covers period 7/1/86 through 12/31/86 1987

RECEIVED

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CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.
☒ 1ST SEMI-ANNUAL STATEMENT ☐ 1ST PRE-ELECTION STATEMENT
☐ 2ND SEMI-ANNUAL STATEMENT ☐ 2ND PRE-ELECTION STATEMENT
☐ SUPPLEMENTAL PRE-ELECTION STATEMENT
 (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE): April 8, 1986 TOTAL PAGES: 3 OFFICIAL USE ONLY: A

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE: John Randolph Snider OFFICE SOUGHT OR HELD (Include location and district number if applicable): Lodi City Council
 RESIDENTIAL ADDRESS: NO. AND STREET 808 Evert Court CITY Lodi STATE California ZIP CODE 95240 AREA CODE / PHONE NUMBER 209-334-1111
 BUSINESS ADDRESS: NO. AND STREET 845 S. Fairmont, Suite 10, CA CITY Lodi STATE California ZIP CODE 95240 AREA CODE / PHONE NUMBER 209-333-0000

II CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: Committee to Elect Randy Snider, Member, Lodi City Council I.D. NUMBER 820693
 ADDRESS OF COMMITTEE: NO. AND STREET 808 Evert Court, Lodi CITY Lodi STATE CA ZIP CODE 95240 AREA CODE / PHONE NUMBER 209-334-1610

NAME OF TREASURER: Stephen C. Snider
 PERMANENT ADDRESS OF TREASURER: NO. AND STREET 1617 Lakeshore Drive CITY Lodi STATE CA ZIP CODE 95240 AREA CODE / BUSINESS PHONE NUMBER 209-334-5144

NAME OF COMMITTEE: _____ I.D. NUMBER _____
 ADDRESS OF COMMITTEE: NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE / PHONE NUMBER _____

NAME OF TREASURER: _____
 PERMANENT ADDRESS OF TREASURER: NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE / BUSINESS PHONE NUMBER _____

* A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee, connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.

Attach additional information or appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	NO

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Jan. 1987 at Lodi, CA by [Signature]
 (DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

Executed on _____ at _____ by _____
 (DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Jan. 1987 at Lodi, CA by [Signature]
 (DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

**CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 420, 430 OR 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
7/1/86	12/31/8

NAME OF CANDIDATE OR COMMITTEE:
Committee to Elect Randy Snider, Member, Lodi City Council

I.D. NUMBER (IF COMMITTEE)
820693

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
CONTRIBUTIONS RECEIVED			
1. Monetary contributions	\$	\$ SCHEDULE A, LINE 3	\$
2. Loans received .....	.....	SCHEDULE B, LINE 7	.....
3. SUBTOTAL CASH RECEIPTS	\$ LINES 1 + 2	\$ LINES 1 + 2	\$ LINES 1 + 2
4. Non-monetary contributions .....	.....	SCHEDULE C, LINE 3	.....
5. Pledges .....	.....	SCHEDULE D, LINE 7	.....
6. TOTAL CONTRIBUTIONS	\$ LINES 3 + 4 + 5	\$ LINES 3 + 4 + 5	\$ LINES 3 + 4 + 5 (SHOULD EQUAL LINE 6, COLUMNS A + B)
EXPENDITURES MADE			
7. Payments	\$ \$000.00	\$ \$500.00 SCHEDULE E, LINE 5	\$ \$500.00
8. Loans made** .....	.....	SCHEDULE EE, LINE 7	.....
9. SUBTOTAL .....	..... LINES 7 + 8	..... LINES 7 + 8	..... LINES 7 + 8
10. Accrued expenses (unpaid bills) .....	.....	SCHEDULE F, LINE 5	.....
11. TOTAL EXPENDITURES	\$ LINES 9 + 10	\$ \$500.00 LINES 9 + 10	\$ \$500.00 LINES 9 + 10 (SHOULD EQUAL LINE 11, COLUMNS A + B)

*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR UNPAID LOANS RECEIVED, PLEDGES, OUTSTANDING LOANS MADE AND UNPAID BILLS (LINES 2, 5, 8 AND 10).

** (IMPORTANT: SEE INSTRUCTIONS ON REVERSE FOR PREPARING THE SUMMARY PAGE CONCERNING REPORTING LOANS MADE, LINE 8, COLUMN A.)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

12. Cash on hand at the beginning of this period. (Enter "Cash on Hand at Closing Date" from previous statement filed.)	\$ 1,431.00
13. Cash receipts this period (Line 3, Column B above) .....	.....
14. Miscellaneous adjustments to cash (Schedule G, Line 8)	500.00
15. Cash payments this period (Line 9, Column B above) .....	.....
16. Cash on hand at closing date (Lines 12 + 13 + 14 - 15 above)	\$ 931.00
17. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse	\$
18. Outstanding debts (Line 2 + Line 10 of Column C above)	\$

ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 thru 6/30	7/1 to date
19. CONTRIBUTIONS RECEIVED:		
20. EXPENDITURES MADE:		

SCHEDULE E

PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 7/1/86 THROUGH 12/31/88

NAME OF CANDIDATE OR COMMITTEE:

Committee to Elect Randy Snider, Member, Lodi City Council

I.D. NUMBER (IF COMMITTEE)

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule for detailed explanations of each category.

"C" — CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES
"I" — INDEPENDENT EXPENDITURES
"L" — LITERATURE
"B" — BROADCAST ADVERTISING
"N" — NEWSPAPER AND PERIODICAL ADVERTISING
"O" — OUTSIDE ADVERTISING

"S" — SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" — FUNDRAISING EVENTS
"G" — GENERAL OPERATIONS AND OVERHEAD
"T" — TRAVEL, ACCOMMODATIONS AND MEALS
"P" — PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Contribution to the Lodi Boys and Girls Club	T	Contribution	\$500.00
<input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules E.			SUBTOTAL \$500.00

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

SUMMARY

1. PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$ 500.00
2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	\$
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (b))	\$
TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Schedule F, Line 4)	\$
4. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 7, Column B of Summary Page	\$ 500.00